



For A Better Life

MEMBER REQUEST FOR OUTGOING WIRES

PLEASE NOTE: Minimum Amount is \$500. Requests through Mail and Fax must have Signature Notarized. Requests by Fax are limited to \$5,000 or less.

Member Name _____

Funds to be withdrawn from Member Account Number _____

Home Phone # _____ Business Phone # _____

Dollar amount to be wired \$ _____

Receiving Bank Wiring Instructions:

ABA # (9 digits) _____

Bank Name _____ Branch _____

City _____ State _____

Special Instructions _____

Purpose of Payment _____

Account Number at Receiving Bank _____

Type of Account _____

Name of Account Holder at Receiving Bank _____

Address of Account holder at Receiving Bank _____

City _____ State _____

I understand that this information, if received by 11:00 AM, may be processed the same day. Any requests after this time may be processed the next business day.

I certify the above information is correct to the best of my knowledge and by signing this form, acknowledge that there is a service charge of \$20.00 for Domestic or \$35.00 for International, payable at the time of the request.

Member Signature _____ Date ____/____/____

Form of Identification _____

Charge fee to Account # _____